

B6F (Official Form 6F) (12/07)

In re **Tracey Person,
Karla Young-Person**

Case No. **2:14-bk-56277**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R H U S B A N D W I F E J O I N T C O M M U N I T Y | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---|---|--|--|--------------------------------------|-----------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Ace Cash Express 7470 Brookpark Rd. Cleveland, OH 44144 | J | Loan | | | | 693.00 |
| Account No. AT & T P.O. Box 8212 Aurora, IL 60572-8212 | J | Phone | | | | 616.00 |
| Account No. Buckeye Lending Solutions 7001 Post Rd. Suite 300 Dublin, OH 43016 | J | Loan | | | | 458.00 |
| Account No. Chase P.O. Box 1022 Wixom, MI 48393 | J | Account | | | | 670.00 |
| Subtotal (Total of this page) | | | | | | 2,437.00 |

7 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Tracey Person,
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Case No. **2:14-bk-56277**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | Loan | | | | |
| Check Smart 2496 Morse Road Columbus, OH 43231 | J | | | | | 1,200.00 |
| Account No. | | Collections | | | | |
| CMI 4200 International Carrollton, TX 75007 | J | | | | | 417.00 |
| Account No. | | Utility | | | | |
| Columbus Southern Power P.O. Box 3030 Anderson, IN 46018-3030 | J | | | | | 380.00 |
| Account No. | | Credit card | | | | |
| Comenity Bank Po Box 182789 Columbus, OH 43218 | J | | | | | 47.00 |
| Account No. 3213 | | Collections | | | | |
| Credit Management 4200 International Pkwy. Carrollton, TX 75007-1906 | J | | | | | 417.00 |
| Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 2,461.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Tracey Person,
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Case No. **2:14-bk-56277**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | Credit card | | | | |
| Credit One Bank P.O. Box 60500 City Of Industry, CA 91716-0500 | J | | | | | 456.00 |
| Account No. | | Cable | | | | |
| Dish Network Dept. 0063 Palatine, IL 60055-0063 | J | | | | | 237.00 |
| Account No. | | Medical | | | | |
| Dr. Christopher Masoner 17 N. Harding Rd. Columbus, OH 43209 | J | | | | | 126.00 |
| Account No. 3529 | | Collections | | | | |
| Enhanced Recovery Corp 8014 Bayberry Rd. Jacksonville, FL 32256 | J | | | | | 239.00 |
| Account No. | | Collections | | | | |
| Enhanced Recovery Corp. P.O. Box 57547 Jacksonville, FL 32241 | J | | | | | 813.00 |
| Sheet no. 2 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 1,871.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Tracey Person,
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Case No. **2:14-bk-56277**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | Student loan | | | | |
| Fedloan Servicing Department of Education Po Box 530210 Atlanta, GA 30353 | J | | | | | 49,313.00 |
| Account No. | | Credit card | | | | |
| First Premier Bank P.O. Box 5519 Sioux Falls, SD 57117-5519 | J | | | | | 500.00 |
| Account No. | | Collection | | | | |
| GMAC P.O. Box 5180 Carol Stream, OH 60197-5180 | J | | | | | 5,246.00 |
| Account No. 9779 | | Student Loans | | | | |
| Great Lakes Higer Education Po Box 3059 Milwaukee, WI 53201 | J | | | | | 26,517.00 |
| Account No. | | Collection | | | | |
| Huntington P.O. Box 15583 Wilmington, DE 19886 | J | | | | | 1,177.00 |
| Sheet no. 3 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 82,753.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Tracey Person,
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Case No. **2:14-bk-56277**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Huntington National Bank P.O. Box 5876 Cleveland, OH 44101 | J | Account | | | | 207.00 |
| Account No. JP Recovery P.O. Box 182140 Columbus, OH 43218 | J | Collection | | | | 104.00 |
| Account No. Midnight Velvet 1112 7th Avenue Monroe, WI 53566-1364 | J | Credit card | | | | 650.00 |
| Account No. MoneyKey 3422 Old Capital Trail Suite 1613 Wilmington, DE 19808 | J | Payday Loan | | | | 450.00 |
| Account No. National Cash Advance 21668 Libby Road Maple Hts., OH 44137 | J | Loan | | | | 387.00 |
| Sheet no. 4 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 1,798.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Tracey Person,
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Case No. **2:14-bk-56277**

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | Collections | | | | |
| NCO Financial P.O. Box 15636 Wilmington, DE 19850 | J | | | | | 407.00 |
| Account No. | | Credit card | | | | |
| Nordstrom P.O.Box 79134 Phoenix, AZ 85062-9134 | J | | | | | 500.00 |
| Account No. | | Medical | | | | |
| Ohio Health 3728 Olentangy River Road Columbus, OH 43214 | J | | | | | 314.00 |
| Account No. | | Collections | | | | |
| Rossman & Co 5500 New Albany Rd New Albany, OH 43054 | J | | | | | 966.00 |
| Account No. | | Collection | | | | |
| Stellar Recovery 1845 Highway 93 South Suite 310 Kalispell, MT 59901 | J | | | | | 379.00 |
| Sheet no. 5 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 2,566.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Tracey Person,
Karla Young-Person**

Case No. **2:14-bk-56277**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. xx25N1 | J | Collections | | | | 814.00 |
| TK Financial Inc 930 San Pablo ave Pinole, CA 94564 | | | | | | |
| Account No. | J | Collection | | | | 600.00 |
| US Bank Bankruptcy Department P.O. Box 5229 Cincinnati, OH 45201 | | | | | | |
| Account No. | J | Student Loan | | | | 26,517.00 |
| US Deparment of Education 2401 International PO Box 7859 Madison, WI 53704 | | | | | | |
| Account No. | J | Collection | | | | 70.00 |
| Vesha & Janikian 1250 S. High St. Columbus, OH 43206 | | | | | | |
| Account No. 7825 | J | Collections | | | | 150.00 |
| West Asset Management P.O. Box 2308 Sherman, TX 75091-2308 | | | | | | |
| Sheet no. <u>6</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | 28,151.00 |
| Subtotal (Total of this page) | | | | | | 28,151.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Tracey Person,
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Case No. **2:14-bk-56277**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|---|-------------------|
| | | H W J C | | | | | |
| Account No. | | Overdraft | | | | 58.00 | |
| Wright Patt Credit Union 2455 Executive Blvd. Fairborn, OH 45324 | J | | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 58.00 |
| | | | | | | Total (Report on Summary of Schedules) | 122,095.00 |

In re **Tracey Person,
Karla Young-Person**

Case No. **2:14-bk-56277**

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|--|--|
| Prog Finance, LLC 10619 South Jordan Gateway, #100 South Jordan, UT 84095 | Computer \$60 per month 4 months remaining |
| Prog Finance, LLC 10619 South Jordan Gateway, #100 South Jordan, UT 84095 | Tablet \$85 per month 7 months remaining |

Fill in this information to identify your case:

Debtor 1 Tracey Person

Debtor 2 Karla Young-Person
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:14-bk-56277
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Bus Driver

Columbus City Schools

270 E. State St.
Columbus, OH 43215

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

How long employed there?

1 year (off
6/2014-8/2014)

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ 2,377.55 | \$ 0.00 |
| 3. Estimate and list monthly overtime pay. | +\$ 0.00 | +\$ 0.00 |
| 4. Calculate gross income. Add line 2 + line 3. | \$ 2,377.55 | \$ 0.00 |

Debtor 1 **Tracey Person**
Debtor 2 **Karla Young-Person**

Case number (if known) **2:14-bk-56277**

| | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|--------------|--------------------------------------|--------------------------------|
| Copy line 4 here | \$ 2,377.55 | \$ 0.00 | 4. |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | \$ 178.58 | \$ 0.00 | 5a. |
| 5b. Mandatory contributions for retirement plans | \$ 237.75 | \$ 0.00 | 5b. |
| 5c. Voluntary contributions for retirement plans | \$ 0.00 | \$ 0.00 | 5c. |
| 5d. Required repayments of retirement fund loans | \$ 0.00 | \$ 0.00 | 5d. |
| 5e. Insurance | \$ 0.00 | \$ 0.00 | 5e. |
| 5f. Domestic support obligations | \$ 210.54 | \$ 0.00 | 5f. |
| 5g. Union dues | \$ 0.00 | \$ 0.00 | 5g. |
| 5h. Other deductions. Specify: | \$ 0.00 | \$ 0.00 | 5h. + |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | \$ 626.87 | \$ 0.00 | 6. |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | \$ 1,750.68 | \$ 0.00 | 7. |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | \$ 0.00 | \$ 0.00 | 8a. |
| 8b. Interest and dividends | \$ 0.00 | \$ 0.00 | 8b. |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | \$ 0.00 | \$ 0.00 | 8c. |
| 8d. Unemployment compensation | \$ 0.00 | \$ 1,599.00 | 8d. |
| 8e. Social Security | \$ 0.00 | \$ 0.00 | 8e. |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps | \$ 632.00 | \$ 0.00 | 8f. |
| 8g. Pension or retirement income | \$ 0.00 | \$ 0.00 | 8g. |
| 8h. Other monthly income. Specify: | \$ 0.00 | \$ 0.00 | 8h. + |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | \$ 632.00 | \$ 1,599.00 | 9. |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | \$ 2,382.68 | \$ 1,599.00 | 10. |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: | | +\$ 0.00 | 11. |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | | \$ 3,981.68 | 12. |
| | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | | |
| <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Karla's unemployment compensation begins in October 2014. Tracey's income as indicated on Schedule I is his projected income beginning in late September 2014. | | | |

Fill in this information to identify your case:

Debtor 1 Tracey Person

Debtor 2 Karla Young-Person
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:14-bk-56277
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2. ☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

10

☐ No

☒ Yes

Child

13

☐ No

☒ Yes

Child

14

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Tracey Person**
Debtor 2 **Karla Young-Person**

Case number (if known) **2:14-bk-56277**

| | | |
|--|----------|-----------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | <u>300.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ | <u>100.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | <u>200.00</u> |
| 6d. Other. Specify: _____ | 6d. \$ | <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. \$ | <u>650.00</u> |
| 8. Childcare and children's education costs | 8. \$ | <u>0.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | <u>171.68</u> |
| 10. Personal care products and services | 10. \$ | <u>100.00</u> |
| 11. Medical and dental expenses | 11. \$ | <u>100.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ | <u>250.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | <u>100.00</u> |
| 14. Charitable contributions and religious donations | 14. \$ | <u>0.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | <u>0.00</u> |
| 15b. Health insurance | 15b. \$ | <u>0.00</u> |
| 15c. Vehicle insurance | 15c. \$ | <u>150.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ | <u>0.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | | |
| 16. \$ | | <u>0.00</u> |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | <u>0.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ | <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. \$ | <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. \$ | <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | | |
| 18. \$ | | <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you. | | |
| 19. \$ | | <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ | <u>0.00</u> |
| 20b. Real estate taxes | 20b. \$ | <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ | <u>0.00</u> |
| 21. Other: Specify: _____ | | |
| 21. +\$ | | <u>0.00</u> |
| 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. | | |
| 22. \$ | | <u>2,171.68</u> |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ | <u>3,981.68</u> |
| 23b. Copy your monthly expenses from line 22 above. | 23b. -\$ | <u>2,171.68</u> |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | | |
| 23c. \$ | | <u>1,810.00</u> |

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain: _____